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REPORT TO THE SUBCOMMITTEE
ON ALCOHOLISM AND NARCOTICS
COMMITTEE ON LABOR AND
PUBLIC WELFARE
UNITED STATES SENATE

72-03693
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Alcoholism Among
Military Personnel 8-764031(2)

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BY THE COMPTROLLER GENERAL
OF THE UNITED STATES

NOV. 2. 1971

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COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-164031(2)

Dear Mr. Chairman:

This is our report on alcoholism among military personnel made pursuant to your request of October 22, 1970.

In accordance with the agreements reached with your office, written comments on our observations have been obtained from the Department of Defense and are included in this report.

Sincerely yours,

A handwritten signature in cursive script that reads "James B. Argets".

Comptroller General
of the United States

21
/ The Honorable Harold E. Hughes, Chairman
Subcommittee on Alcoholism and Narcotics 51102
Committee on Labor and Public Welfare
United States Senate

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COMPTROLLER GENERAL'S REPORT
TO SUBCOMMITTEE ON ALCOHOLISM
AND NARCOTICS, COMMITTEE ON
LABOR AND PUBLIC WELFARE,
UNITED STATES SENATE

ALCOHOLISM AMONG MILITARY PERSONNEL
B-164031(2)

D I G E S T

WHY THE REVIEW WAS MADE

The General Accounting Office (GAO) review of alcoholism among military personnel was made at the request of the Chairman, Subcommittee on Alcoholism and Narcotics, Senate Committee on Labor and Public Welfare. (See app. I.)

Background

Previously GAO had made a similar study, at the request of the Chairman, concerning Federal civilian employees. In that report GAO estimated that the Federal Government could realize annual savings of from \$135 million to \$280 million from an alcoholism program for civilian employees, assuming prevalence rates of alcoholism ranging from 4 to 8 percent. (See app. III.)

FINDINGS AND CONCLUSIONS

Substantial savings, as well as humanitarian benefits, can be realized from the establishment of a comprehensive alcoholism control program for military personnel. (See p. 19.)

The Department of Defense (DOD) has no complete, reliable data that show the extent of alcoholism in the Armed Forces.

For each 1-percent reduction in the incidence of alcoholism, the potential gross savings could be about \$24 million annually. If the incidence is comparable to the estimated average 5 percent in the civilian work force, then the potential annual gross savings could amount to about \$120 million. (See pp. 5 and 16 to 18.)

Although the incidence of alcoholism in the military population may be no greater than that of the civilian population, it could be a more serious problem because of the frequently dangerous and critical duties involved.

Many senior command and staff officers at military bases in the United States and overseas who talked about this believed that the incidence of alcoholism among military personnel was negligible and, in any event, was lower than that among the civilian population. But others closely involved with alcoholism believed that the incidence was at least the same as that in the civilian work force. (See pp. 5 and 6.)

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Factors which could affect the incidence of alcoholism among military personnel included: social climate, family separations, low cost and ready availability of alcoholic beverages, and boredom.

Factors which could discourage the development of alcoholism among military personnel included military discipline and standards and the lower average age of the military. (See pp. 7 and 8.)

Negative attitudes and punitive statutes and regulations have resulted in hiding the problem. The military alcoholic has little incentive to come forward and seek help. (See pp. 9 to 12.)

No DOD-wide alcoholism prevention and rehabilitation program existed for military personnel, nor were there any guidelines specifying procedures to be followed in treating them. As a result the treatment given to the military alcoholic at many bases was limited. Alcoholism rehabilitation programs, however, have been formally established at some military installations, and DOD has recently established a task force to study all aspects of alcohol abuse among military personnel. (See pp. 13 to 15.)

RECOMMENDATIONS OR SUGGESTIONS

The Secretary of Defense should establish a comprehensive alcoholism control program for military personnel which would provide that

- alcoholism be recognized as a disease which is treatable rather than as misconduct which is punishable and changes to pertinent regulations and proposals for changes in legislation needed to accomplish that purpose be made expeditiously,
- educational programs be established to inform military personnel of the dangers of the abusive use of alcohol and to convince supervisors that many alcoholics can recover and become fully productive,
- rehabilitative measures be made available to all military personnel having alcoholism problems, and
- DOD undertake a study to determine more precisely the incidence of alcoholism and problem drinking. (See pp. 19 and 20.)

AGENCY ACTIONS AND UNRESOLVED ISSUES

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DOD concurred with GAO's recommendations concerning establishment of educational programs, availability of rehabilitative measures, and studies to more precisely determine the incidence of alcoholism and problem drinking. (See app. II.) DOD-wide policies will be established in the near future to achieve these goals.

With respect to GAO's recommendation that alcoholism be considered a disease rather than misconduct, DOD would prefer to recognize alcoholism as a condition which is preventable and treatable through the application of enlightened attitudes and techniques since disease is equated with physical disability which is compensable.

GAO recognizes that certain statutes and regulations affecting military compensation hold alcoholism to be misconduct. As stated earlier, however, these statutes and regulations have resulted in hiding the alcoholism problem. GAO believes that if they are not modified, there is little assurance that this condition will be corrected.

Title V, section 501, of Public Law 92-129, amending the Military Selective Service Act, requires the Secretary of Defense to make such recommendations for additional legislation as are necessary to deal with the problem of drug and alcohol dependence. GAO believes that the Secretary's recommendations properly should include proposals to deal with the problems of recognizing alcoholism as a disease. These problems include those involving pay, retirement, and related benefits. (See pp. 21 and 22.)

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ABBREVIATIONS

DOD	Department of Defense
GAO	General Accounting Office

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Title V, section 501, of Public Law 92-129, amending the Military Selective Service Act, requires the Secretary of Defense to make such recommendations for additional legislation as are necessary to deal with the problem of drug and alcohol dependence. GAO believes that the Secretary's recommendations properly should include proposals to deal with the problems of recognizing alcoholism as a disease. These problems include those involving pay, retirement, and related benefits. (See pp. 21 and 22.)

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CHAPTER 1

INTRODUCTION

Our review of alcoholism among military personnel was made at the request of the Chairman, Subcommittee on Alcoholism and Narcotics, Senate Committee on Labor and Public Welfare. (See app. I.) Previously, at the request of the Chairman, we had made a similar study concerning Federal civilian employees. In that study (summarized in app. III), we estimated that the Federal Government could realize annual savings of \$135 million to \$280 million from an alcoholism program for civilian employees, assuming a prevalence of alcoholism ranging from 4 to 8 percent.

The following definitions of "alcoholism" and "problem drinker" were used in our review and were taken from the National Industrial Conference Board's report, "Company Controls for Drinking Problems," published in March 1970.

"Alcoholism: a highly complex illness: It is a chronic disease characterized by repeated excessive drinking which interferes with the individuals' health, interpersonal relations or economic functioning. If untreated, alcoholism becomes more severe and may be fatal. It may take several years to reach the chronic phase."

"Problem drinker: To management, a problem drinker is any employee whose drinking affects his work adversely. Regardless of whether a physician would classify the employee as an alcoholic, his drinking is hurting the company."

During our review we interviewed more than 600 individuals at over 30 military locations in the continental United States and overseas.

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CHAPTER 2

ALCOHOLISM AMONG MILITARY PERSONNEL--

HOW PREVALENT IS IT?

The prevalence of alcoholism in the military services cannot be determined accurately because there is very little statistically valid data. In our interviews we obtained personal estimates of incidence ranging from 0 to 40 percent. Such diverse responses indicated that these estimates may be affected by the interviewee's rank, religious beliefs, personal observations, and drinking habits and by the extent of the interviewee's personal contact with large numbers of personnel. Although the incidence estimates were subjective, the information developed during our review indicated that there may be a serious alcoholism problem among military personnel. At the same time there appeared to be an inability or reluctance among some military personnel to recognize the existence of any problem.

Many senior command and staff officers we talked with believed that the incidence of alcoholism among military personnel was negligible and, in any event, was lower than that among the civilian population. On the other hand many of those we talked with, including military physicians, psychologists, chaplains, Alcoholics Anonymous members, and others closely involved with alcoholism, made estimates of incidence which were comparable with those for the civilian work force; others made estimates which were higher. Various individuals in the Department of Defense, the Veterans Administration, and the Department of Health, Education, and Welfare, who had official responsibilities in this area, also made estimates of the incidence of alcoholism and problem drinking among the military, which were comparable with estimates of incidence in the civilian work force. An official in the Office of the Secretary of Defense (Health and Environment) has stated that "it is commonly assumed that the incidence is at least comparable to the estimates of 4 to 8 percent given in civilian industrial surveys." A study completed in 1969 by an Air Force officer, in which he asked over 200 randomly selected squadron commanders to identify known problem drinkers in their commands, disclosed an incidence of about 4 percent.

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Many individuals said that alcoholism was most prevalent among senior noncommissioned officers and commissioned officers, primarily affecting personnel who had 10 or more years of military service. Also alcoholism is reportedly less a problem in the military services than in the general population because the servicemen are primarily young and alcoholism is considered a problem of the older individual. We were told that today young servicemen have turned to drugs rather than to alcohol.

Nonetheless about 38 percent of the problem drinkers identified by squadron commanders in the study referred to above were in the 17 to 24 age group. That study concluded that there were two broad groups of problem drinkers: (1) the younger servicemen whose drinking was repetitive, was undisciplined, and had caused themselves and their commanders problems and (2) older servicemen whose alcoholism problem had taken on more serious physical and psychological aspects.

Officials of the National Council on Alcoholism believed that the incidence of alcoholism in the military was no less than in industry. The Council identified three variables which influenced the incidence in a particular population: average age, male-to-female ratio, and the extent of permissiveness toward drinking behavior. The officials believed also that the last two variables operated so strongly in the military that the effect of the low average age was somewhat lessened. They believed further that the heavy-drinking younger servicemen were also abusing alcohol but that their problem was less visible to responsible officials.

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CHAPTER 3

DOES MILITARY SERVICE ENCOURAGE ALCOHOLISM?

Many factors were identified by the individuals we interviewed which could affect the incidence of alcoholism among military personnel. Some of the frequently mentioned factors follow.

FACTORS ENCOURAGING ALCOHOLISM

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Social climate

The use of alcoholic beverages in the military services traditionally has been accepted and dates back at least to the time when liquor rations were given to servicemen. Military social life has centered around activities where the extensive use of alcohol generally is expected. A few examples are: hail-and-farewell, promotion, cocktail, and wetting-down parties; "happy hours" at the various clubs; and "beer busts" for the troops. We have been told by an Alcoholics Anonymous member that the continual round of mandatory cocktail parties makes it difficult for military alcoholics to avoid a drinking environment.

Family separations

Military servicemen often are separated from their families. In the opinion of some of those we interviewed, these separations tend to encourage more drinking.

Low cost and ready availability of alcoholic beverages

Generally alcoholic beverages are sold to military servicemen at lower prices, especially overseas, than the prices charged to the general public. During happy hours the already low prices are further discounted. An economical price, coupled with ready availability, tends to increase consumption. Other persons that we interviewed, however, felt that these factors were not significant in encouraging excessive drinking. They said that drinking by alcoholics and problem drinkers would not be affected materially by accessibility and price advantages.

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Boredom

If recreational facilities are not adequate, particularly in remote overseas locations, the serviceman turns to the military club where activities frequently are centered around the consumption of alcohol.

FACTORS DISCOURAGING ALCOHOLISM

Military discipline and standards

We were advised that alcoholism and problem drinking would ruin a serviceman's career if, as a result, he could not perform his duties or meet other military standards and that the high degree of human reliability required in certain occupations, such as aircraft pilot and nuclear technician, militated against the development of alcoholism. Also the military services are considered to have a lesser problem because the military population, compared with the civilian population, is highly controlled and supervised and because the military services are continually screening military personnel for security clearances, reenlistments, and so forth.

Lower age of military personnel

Since alcoholism is generally considered to be more prevalent among the middle-aged, the younger age of personnel in the services and early retirements tend to lower the incidence of alcoholism. Heavy drinking, however, often starts among younger servicemen and could develop progressively into a more serious problem.

POLICIES, PRACTICES, AND ATTITUDES

AFFECTING THE MILITARY ALCOHOLIC

Military regulations and certain statutes deal punitively with those intemperate in the use of alcohol. Section 972 of title 10 of the United States Code provides that an enlisted member of the Armed Forces who is unable to perform his duties for more than 1 day because of the intemperate use of drugs or alcoholic liquor must make up such time, which is categorized as bad time. Section 802 of title 37 of the United States Code adds that a serviceman absent from duty for a continuous period of more than 1 day because of disease that is directly caused by the intemperate use of alcohol or drugs is not entitled to pay for that period of absence.

The official stated policy of DOD and the military services on alcoholic consumption by military personnel is "to encourage abstinence, enforce moderation, and punish over-indulgence."

Military regulations generally provide that injuries directly and proximately resulting from the intemperate use of alcohol are due to misconduct and are not considered to be in the line of duty and thus result in the loss of certain entitlements to the serviceman, although illnesses which are the secondary result of the intemperate use of alcohol usually are considered to be in line of duty. The Uniform Code of Military Justice cites being drunk on duty, being drunk and disorderly, and drunken and reckless driving as punishable offenses. Military regulations provide also that the alcoholic or problem drinker may be considered ineligible for a security clearance or may be separated from the service. Although the regulations generally provide for an opportunity to overcome the problem through counseling and rehabilitation prior to any adverse action, rehabilitative measures are not delineated and the lack of adequate treatment programs further negates the stated compassionate intent of such provisions.

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We have been informed that, because the military services often deal punitively with alcoholism, there is a tendency to cover up the problem throughout the chain of command and there is little incentive for an individual to come forward openly and seek help. The problem is hidden and covered up as long as possible by the man himself, his family, or a sympathetic commanding officer so as not to jeopardize the serviceman's career. Doctors have told us that some of their colleagues are reluctant to diagnose patients as alcoholics and often cite related illnesses. Consequently medical, personnel, legal, and other administrative records are poor indicators of the incidence of alcoholism among military personnel.

This situation is similar to that which existed many years ago for venereal disease until regulations were modified so that it was no longer considered misconduct. This modification of regulations avoided driving the problem underground and provided for early detection and treatment. DOD's handling of alcoholism is in contrast with its handling of the drug problem where amnesty and rehabilitation programs have been started and widely publicized.

Little has been done by the military establishment to deal with the problem of alcoholism unless an individual has become at least partially ineffective in his duties or has committed one or more punishable offenses, such as being absent without leave, drunk and disorderly, or involved in some traffic mishap while intoxicated. Some individuals stated their belief that a man should be allowed to drink until he gets into trouble. Most of the bases that we visited had no regulations on how to handle an alcoholic or a problem drinker. We have been told that commanders are allowed a great deal of discretion and may take any one or more of the following approaches.

1. Leave him alone: The alcoholic may be carried along by sympathetic commanding officers until he retires either because he elects to or because he is encouraged to.
2. Transfer him: The problem drinker may merely be passed from one command to another.

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3. Counseling or treatment: The individual is counseled by his commanding officer or the chaplain or is sent to the hospital for counseling, medical or psychiatric treatment, or referral to Alcoholics Anonymous.
4. Punishment: This could be a reprimand, extra duties, reduction in rank, loss of security clearance, bar to reenlistment, or separation from the service.

Alcoholism was designated a disease by the World Health Organization in 1951 and by the American Medical Association in 1956. The hospital commander at one base believed that chronic alcoholism and problem drinking represented moral and spiritual deficiencies. He said that alcohol was not an addictive drug and that he found it difficult to accept the premise that alcoholism was a disease. According to a chaplain at the base, hospital personnel were reluctant to treat alcoholics and they referred them to facilities in the civilian community for treatment.

At two bases where there were alcoholism treatment programs, the base commanders did not permit the existence of the programs to be publicized. A study by a Navy doctor revealed some antipathy among the doctors at one naval hospital toward the treatment of alcoholics. This seemed to confirm a view expressed by other professional medical personnel that there was a reluctance among some doctors to treat alcoholics.

A base commander we interviewed believed that a hard-line disciplinary approach of separation from the service should be taken toward the alcoholic. At another activity, several officials stated that the general Army policy was not to tolerate alcoholics. In their view there was no place in the Army for an alcoholic or a problem drinker, except that special efforts were made to retain men close to retirement.

The Chief of the Navy's Bureau of Medicine and Surgery stated in 1966 that:

*** it would thus appear that current policies tend to hide the illness and thus interfere with early detection, management by leadership,

nonmedical counseling, medical and psychiatric treatment and disposition, when appropriate. All too often the individual, whether Regular or Reserve, officer or enlisted, is protected by his superiors because, if separated or discharged, he will lose all his 'earned' equity in retirement benefits accumulated over his years of active service. Since the Naval Establishment does not consider alcoholism a disease, a member is not compensated for the 'earned' equity if he is separated from service due to chronic alcoholism."

A recent DOD fact sheet on alcoholism reiterated these views and recognized that alcoholism control in DOD had not been adequate, that current DOD practices dealt punitively with alcoholics, and that DOD did not consider alcoholism as a disease. The fact sheet also called for the removal of the stigma attached to alcoholism and recovered alcoholics.

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CHAPTER 5

CURRENT ALCOHOLISM PROGRAMS

REHABILITATION

At the time of our review, no DOD-wide alcoholism rehabilitation program existed, nor were there any guidelines specifying procedures to be followed in treating alcoholics. As a result the treatment given to the military alcoholic depended on the attitudes and interests of the local commanders and medical officers.

At many of the installations that we visited, treatment was limited, compared with that provided under formally established alcoholism rehabilitation programs at the Long Beach Naval Station, California; Fort Benning, Georgia; and Wright-Patterson Air Force Base, Ohio. The pilot programs at these three installations received top-level support, and the local personnel involved with the programs were concerned with alcoholism on a full-time basis. The treatment approach is multidisciplinary, drawing on the knowledge and techniques of psychiatry, psychology, and medicine, with the core of treatment centered around participation in Alcoholics Anonymous and other forms of individual and group therapy.

From the beginning of the Long Beach program in February 1965, over 500 enlisted men and 37 officers have been treated; the overall recovery rate was 50 to 60 percent. The clinic accommodates from 30 to 35 resident patients for treatment for 30 to 90 days. A 12-bed hospital ward is utilized for detoxification when necessary. Military personnel outside the Long Beach area have been sent to the clinic for treatment.

About 200 officers and enlisted men have received alcoholism treatment at Wright-Patterson since 1966. According to the director of that program, "almost 90 percent of the patients have made satisfactory military and personal readjustment following return to duty." The Surgeon General of the Air Force recently has established additional clinics at

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Lackland Air Force Base, Texas, and Eglin Air Force Base, Florida. These clinics are available to eligible personnel throughout the Air Force.

From March 1970 through January 1971, about 190 individuals received treatment under the Army's Fort Benning program, including 41 who participated in the resident portion of the program. The residents perform their normal military duties during the day and return to a "halfway" house in the evening. We estimated that the annual operating cost for this clinic was about \$150,000, with an initial investment of \$75,000.

A few other installations had attempted to provide in varying degrees some of the same services made available by the clinics. The existence of some alcoholism rehabilitation efforts was dependent on individuals with a strong interest. The program could cease unless these individuals, when rotated, were replaced with individuals having the same degree of interest in such efforts.

For example, several years ago one large Army installation had a treatment and prevention program which was initiated jointly by the commanding officer of the hospital and the chaplain. Their replacements did not show equal interest in the problem of alcoholism, and the program was discontinued early in 1970. Recently a small program was started at this base by a psychologist who had initiated programs at several other locations. According to the psychologist, he was initially not allowed to advertise his program at the base where he was assigned and the program relied on word-of-mouth publicity.

The history of the Air Force clinic at Wright-Patterson is similar. According to its present director, the departure in 1967 of the individuals who started the clinic:

"*** was followed by the expected but temporary discontinuity in further development of the program. The patient population dwindled and there was considerable uncertainty about future plans. Local interest in the program was perpetuated by staff personnel who had been involved in the program."

He indicated that the support of the Office of the Surgeon General of the Air Force had ensured continuance of the clinic.

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PREVENTION

A few installations had made some prevention efforts. At one base a local alcoholism council sponsored a seminar on alcoholism and accident proneness which was attended by 1,200 first- and second-level military and civilian supervisors. At another base brief mention was made of the consequences of excessive use of alcohol in drug seminars for military personnel. At Fort Benning the prevention effort consisted of contacting unit commanders and supervisors and issuing a bulletin describing the base's alcoholism treatment program. Also, alcoholism prevention instruction was planned in the base's extensive military training programs when four additional personnel could be hired.

CURRENT EFFORTS IN DOD TO DEAL WITH ALCOHOLISM

In December 1970 the Army issued a letter encouraging commanders of major commands to establish Alcohol and Drug Dependency Intervention Councils to advise the commanders on matters of policy and to develop and coordinate prevention and rehabilitation programs. Early in 1971 the Assistant Secretary of Defense (Health and Environment) established an interservice task force to study all aspects of alcohol abuse in the military services and to develop recommendations in policies concerning alcoholism. He stated that, although the services had programs for control of alcohol abuse, he believed that broad DOD policies were required. Subcommittees are being formed to study prevention, detection, medical treatment, rehabilitation, and disposition aspects of the problem. Other matters to be considered include causes, prevalence, social attitudes and pressures, legal aspects, discipline, and security.

CHAPTER 6

THE ALCOHOLIC IS WORTH HELPING

CIVILIAN EXPERIENCE

Industry has become increasingly aware of the extent and cost of alcoholism among all levels of employees. In 1968 the National Council on Alcoholism estimated the industrial costs of alcoholism at over \$4 billion annually. Industrial costs are the result of direct and indirect losses from such factors as absenteeism, accidents, bad decisions, discharges and early retirements, and lowered worker efficiency and morale. As a result of these losses, industry has been establishing alcoholism rehabilitation programs for their employees. Some of these programs have achieved rehabilitation rates as high as 70 percent.

Effective programs encompass recognition by top management that a problem with alcoholism exists in the company; that it is a sickness which affects performance; that supervisors all along the line have a responsibility to counsel subordinates on their performance; and that, apart from humanitarian reasons, when alcoholism is affecting performance, it is more economical to motivate the employee to seek rehabilitation than to fire him or to do nothing. These programs emphasize that the employee's career will not be jeopardized if he seeks the help being offered to him and that only if he refuses that help or if the treatment is unsuccessful will he then be discharged.

The value of alcoholism control and rehabilitation programs for Federal civilian employees was recognized by passage of Public Law 91-616, entitled "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970." It provided that appropriate programs and services for alcohol abuse and alcoholism among Federal civilian employees be established by the Federal Government.

The Secretary of the Navy in March 1966 recognized the illness concept of alcoholism for civilian employees of the Navy and further recognized that alcoholism was a treatable

illness. He stated that "fifty to seventy-five percent of all employed alcoholics can be rehabilitated to full activity." The Secretary stated also that it was Navy policy to establish local alcoholism control programs where the commanding officer determined that a need existed.

ESTIMATED COSTS OF ALCOHOLISM
AMONG MILITARY PERSONNEL

Many of the costs incurred because of alcoholism among employees of industry and Federal civilian employees are incurred also because of alcoholism among the military. Obviously some of the areas of costs are of an intangible nature and are not readily susceptible to cost measurement either in the military services or in industry.

The National Council on Alcoholism has estimated that it costs employers an amount equivalent to about 25 percent of the average annual pay of each alcoholic employee. Applying the Council's estimate to the military services results in an estimated potential annual cost to the Government of about \$48 million for each 1 percent of alcoholism incidence in the military services. (The computation of the estimate is shown in app. IV.) If the incidence of alcoholism in the military services averaged about 5 percent, which was estimated by the Council for the civilian work force, then the potential annual cost to the Government would be about \$240 million.

If a recovery rate of 50 percent¹ was attained from the establishment of an alcoholism control program for military personnel, then the potential gross saving could be about \$24 million for each 1 percent of reduced incidence, or about \$120 million at an assumed incidence of 5 percent. Offsetting this potential saving would be the cost of an alcoholism control program which was one of the areas to be considered by the DOD task force on alcohol abuse.

¹The assumed recovery rate was based on rates experienced at existing pilot clinics in military and civilian alcoholism programs.

An illustration of the cost of military alcoholism would be the cost to train a replacement if the individual was lost to the service because of alcoholism. For instance, information obtained from DOD sources showed that training an Air Force bomber pilot costs about \$200,000, training a precision-measuring-equipment technician costs about \$20,000, and training an Army ground-control-radar repairman costs about \$10,000. These are basic, entry-level costs and do not consider the investment in additional training and experience of an individual after completion of training at the entry level in these skills. Obviously it would cost considerably more to replace an experienced senior commissioned or noncommissioned officer with 10 or more years' service than someone at the entry level. For example, the investment in training a Navy F-4 pilot through designation as a naval aviator was reported to be about \$100,000 but rose to about \$450,000 after 4-1/2 years' designation as a naval aviator.

CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Although the incidence of alcoholism in the military population may be no greater than that of the civilian population, it could be a more serious problem because of the frequently dangerous and critical duties involved. Negative attitudes and punitive statutes and regulations have resulted in hiding the problem. Although there have been some educational and rehabilitation efforts, substantial savings, as well as humanitarian benefits, can be realized from the establishment of a DOD-wide, comprehensive alcoholism control program. We believe that the costs to establish such a program would be less than the costs of doing nothing.

The need for the military services to help their alcoholics was well stated by the commanding general of a large base who told us that he was not too concerned with the actual percentage of alcoholics but that, as long as any segment of the military population was afflicted by an illness of any kind, they should be helped.

We also note that DOD has recognized its obligations to military personnel by establishing social programs, such as Projects 100,000, Transition, and Referral. Although some efforts are being made within DOD to deal with alcoholism among military personnel, we believe that a comprehensive alcoholism control program is needed.

RECOMMENDATIONS

We believe that changes must be made in attitudes, policies, and practices for the military services to have a successful alcoholism control program. Alcoholism should be recognized as a disease which is treatable rather than as misconduct which is punishable. We recommend that DOD move expeditiously to change pertinent regulations and propose any changes in legislation needed to accomplish that purpose.

Most importantly, the stigma attached to alcoholism should be removed. This will require attitudinal changes at all levels of command and among medical personnel, so that the alcoholic is not impeded from seeking help because he might jeopardize his career if he admits to an alcoholism problem. We recommend that a comprehensive education program be initiated to inform military personnel of the dangers of the abusive use of alcohol. In addition, supervisors at all levels need to be convinced that many alcoholics can recover and be fully productive and that early identification and referral of alcoholics to appropriate treatment facilities is an important element of a successful alcoholism control program.

We recommend that rehabilitative facilities and services be made available to all military personnel having alcoholism problems, with the understanding that, if a man refuses rehabilitation or is not successfully rehabilitated and returned to normal duty in a reasonable period, he will then be subject to separation from the military service.

We recommend also that studies be undertaken by DOD to determine more precisely the incidence of alcoholism and problem drinking. The results of these studies will assist in determining the extent and amount of resources required for a comprehensive alcoholism control program.

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CHAPTER 8

AGENCY COMMENTS AND GAO EVALUATION

In commenting on the draft of this report, the Principal Deputy Assistant Secretary of Defense (Health and Environment) emphasized the humanitarian benefits to be gained from a comprehensive alcoholism control program and did not take issue with our estimates of the economic savings to be gained. He concurred in our findings and those recommendations concerning establishment of educational programs, availability of rehabilitative measures, and studies to determine the incidence of alcoholism and problem drinking. (See app. II.)

The Deputy Assistant Secretary advised that acceptance of our recommendation that alcoholism be recognized as a disease would present difficulties to DOD, since a disease is considered a physical disability and is therefore compensable under existing statutes. He went on to say, in part, that:

"*** it would be preferable to recognize chronic alcoholism as a condition which is preventable and treatable through the application of enlightened attitudes and techniques toward this condition, both on the part of supervisory personnel and medical department personnel."

We recognize that certain statutes and regulations affecting military compensation currently hold alcoholism to be misconduct. As stated earlier, however (see pp. 9 to 12), the effect of punitive statutes, policies, and regulations has been to hide the problem of alcoholism. If they are not modified, there is little assurance that this condition will be corrected.

Public Law 92-129, amending the Military Selective Service Act, was enacted on September 28, 1971, with provisions for identification and treatment of persons dependent on alcohol and drugs in the Armed Forces. Both Houses of the Congress agreed to these provisions with the understanding that they were a prelude to further legislative actions by their respective Armed Services Committees.

Title V, section 501, of the act requires the Secretary of Defense to prescribe and implement procedures and provide necessary facilities to identify, treat, and rehabilitate members of the Armed Forces who are dependent on drugs or alcohol. The Secretary is also required to report to the Congress 60 days after enactment of the act (1) the plans and programs which have been initiated and (2) such recommendations for additional legislation as are necessary to effectively combat drug and alcohol dependence in the Armed Forces and to treat and rehabilitate effectively any member found to be dependent on drugs or alcohol.

We believe that the Secretary of Defense properly should include in his proposals to the Armed Services Committees, contemplated by Public Law 92-129, recommendations to deal with the problems of recognizing alcoholism as a disease. These problems include those involving pay, retirement, and related benefits.

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CHAPTER 9SCOPE OF REVIEW

Our review was made during early 1971 at the Office of the Secretary of Defense, the headquarters of the military services, and over 30 Army, Navy, Air Force, and Marine Corps installations. At the installations we interviewed more than 600 personnel including commanders, staff judge advocate officials, provost marshal personnel, medical personnel, base chaplains, and senior noncommissioned officers. Specifically we asked questions concerning (1) the incidence of alcoholism among military personnel, (2) the factors in the military environment which might tend to encourage or discourage alcoholism, (3) the alcoholism treatment programs available to the bases, and (4) the policies and practices followed in handling alcoholic military members. Most of the military installations that we visited had large troop populations and were located in the continental United States, Europe, and the Far East.

We met with representatives of local and State alcoholism councils as well as the National Council on Alcoholism, local chapters of Alcoholics Anonymous, the Veterans Administration, and the Department of Health, Education, and Welfare. We attended open Alcoholics Anonymous meetings and visited the rehabilitation clinics at the Long Beach Naval Station and at Fort Benning.

We did not attempt an exhaustive search of all statutes and regulations affecting the military alcoholic; however, some of the more pertinent are included in this report. A search of the literature on alcoholism in the military services was made principally through the use of the Classified Abstract Archive of Alcoholism Literature maintained by the Center of Alcohol Studies, Rutgers University, New Brunswick, New Jersey.

APPENDIXES

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United States Senate

COMMITTEE ON
 LABOR AND PUBLIC WELFARE
 WASHINGTON, D.C. 20510

October 22, 1970

The Honorable Elmer B. Staats
 Comptroller General of the United States
 441 "G" Street, N. W.
 Washington, D. C. 20548

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Dear Mr. Staats:

You will recall that in May, 1970, I requested that your office conduct a study to determine the cost savings which might be brought about in the civilian and military branches of the Government through the implementation of a strong Federal alcoholism personnel program. The request was based, in part, upon our Subcommittee's findings that treatment which is tied to employment personnel programs, where alcoholism is dealt with at a less advanced stage and with strong motivational tools, has brought about recovery rates much higher than those found in clinic and hospital settings which are unrelated to such an environment. It was also based upon a deep and increasing concern in the Congress about the growing impact of alcoholism on our society. I felt that if it were clear there was a sound economic basis, as well as a humanitarian basis, for establishing such a program, that that information would be of key importance to the Subcommittee and would be of great interest throughout the Executive Branch as well.

After visiting with your staff about the fact that a study of this type -- a cost-saving study -- was a new type of a study for the General Accounting Office to conduct and that the alcoholism personnel programs area was one in which your personnel had not previously worked, we agreed that the study should be limited to the civilian branch of the Government, in order to first determine, in that more limited area, the extent to which firm results might be obtained in a study of this kind.

As you know, the study was highly successful, both in terms of obtaining professionally reliable data and in terms of providing an extremely useful document to the Congress, the other branches of

APPENDIX I

The Honorable Elmer B. Staats

October 22, 1970

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the Federal Government, and to State governments, about the significant cost savings which can be obtained by establishing such programs. The report has received extremely favorable comment by health professionals both within and outside the Government; it has been received favorably by businessmen and by the business media as well (the Wall Street Journal placed its story on the report on the front page). The Committee on Labor and Public Welfare is making a committee print of the report, so that it may be distributed to the members of Congress and to State and local groups and organizations who are interested in it. Public demand for the document from the Committee has been high.

Because of the success of the study, I would now like to request that a similar study be made in the military branch of the Government. Certainly the reasons for carrying out such a study in the civilian branch of the Federal Government apply to the military branch as well. In fact, there are indications that the need for such a study in the military area is even more pressing. The majority of our young men are required to serve in the military service and are encouraged to go on to careers there as well. As a result, we have a special obligation to them. Our Subcommittee has found many indications that men, often with many years' training, are being forced to retire or are being removed with no benefits and less than honorable discharges because they are the victims of alcoholism. It would be extremely helpful for Congress, as well as the Executive Branch, to know the economic impact of a program which would encourage a somewhat different approach to this problem. There are indications that cost savings would affect the veterans area as well. According to the Veterans Administration, one in every six beds in our Veterans Hospitals is now occupied by a patient who is an alcoholic or who has alcohol-related problems. Though a report on the military branch would pose problems which the report on the civilian branch did not, I am hopeful that the expertise which the men who worked on the earlier report have now obtained could now be used to advantage in the military area.

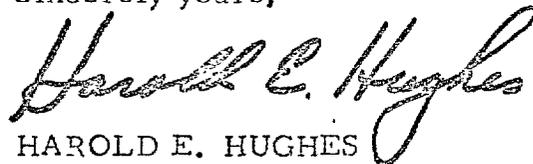
It would be helpful if your office could designate a representative of the General Accounting Office to contact Mr. Wade Clarke, Counsel

The Honorable Elmer B. Staats
October 22, 1970
Page 3

to the Subcommittee, for additional information concerning the areas which such a study might cover and the supportive information or assistance the Subcommittee might be in a position to provide.

Thank you for your consideration.

Sincerely yours,



HAROLD E. HUGHES
Chairman, Special Subcommittee
on Alcoholism and Narcotics

HEH:no

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APPENDIX II



HEALTH AND
ENVIRONMENT

ASSISTANT SECRETARY OF DEFENSE
WASHINGTON, D. C. 20301

13 AUG 1971

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Mr. Forrest R. Browne
Associate Director, Defense Division
U.S. General Accounting Office

Dear Mr. Browne:

The GAO draft report on "Alcoholism Among Military Personnel" (OSD Case #3299) has been reviewed and evaluated.

The findings and recommendations in the GAO study are concurred in subject to the following discussion.

The recognition of alcoholism "as a disease which is treatable rather than as misconduct which is punishable" presents difficulties, from our standpoint, due to the equating of "disease" with "physical disability", which is compensable. We believe that it would be preferable to recognize chronic alcoholism as a condition which is preventable and treatable through the application of enlightened attitudes and techniques toward this condition, both on the part of supervisory personnel and medical department personnel. Alcoholic intoxication, and offenses which are related to this state, for which the individual should be held responsible, should be clearly differentiated from the chronic underlying alcoholic dependency state.

While we have no basis on which to differ with the estimated economic savings to be gained from a comprehensive alcoholic rehabilitation program, we believe that the benefits should be measured primarily in terms of the human values involved, with the savings considered as balancing off the cost of the program.

We are in general agreement with the recommendations concerning establishment of educational programs, availability of rehabilitative measures, and studies to more precisely determine the incidence of alcoholism and problem drinking. We anticipate that in the near future Department of Defense-wide policies will be established to achieve these goals.

Sincerely,


George J. Hayes
Brigadier General, MC USA
Principal Deputy

COMPTROLLER GENERAL'S REPORT TO
SPECIAL SUBCOMMITTEE ON
ALCOHOLISM AND NARCOTICS, COMMITTEE
ON LABOR AND PUBLIC WELFARE
UNITED STATES SENATE

SUBSTANTIAL COST SAVINGS FROM
ESTABLISHMENT OF ALCOHOLISM PROGRAM
FOR FEDERAL CIVILIAN EMPLOYEES
B-164031(2)

D I E E S T

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WHY THE REVIEW WAS MADE

The Chairman, Special Subcommittee on Alcoholism and Narcotics, Senate Committee on Labor and Public Welfare, asked the General Accounting Office (GAO) to make a study to determine the cost savings to the Government that might be brought about through a program aimed at identification, prevention, and treatment of alcoholism among Federal civilian employees.

The study was requested because of

- the Subcommittee's concern about the growing impact of alcoholism upon our society,
- strong congressional and public interest in this important health area,
- the Subcommittee's finding that treatment tied to employment personnel programs--under which alcoholism is dealt with in its early stages--had brought about recoveries at rates much higher than those in clinics and hospitals unrelated to such an environment,
- the cost savings achieved by private industry, as a result of alcoholism programs, and
- the existing potential for the Federal Government to implement, within its own administrative structure, a strong alcoholism program for its employees.

On August 10, 1970, the Senate passed a bill (S. 3835) that provides for a comprehensive Federal program for the prevention and treatment of alcohol abuse and alcoholism, including the development and maintenance of appropriate policies and services for Federal civilian employees.

SEPT. 28, 1970

APPENDIX III

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FINDINGS AND CONCLUSIONS

Studies have shown that

- Alcoholism is a disease, and the alcoholic is a sick person.
- The alcoholic can be helped and is worth helping.
- Alcoholism is a public health problem and therefore is a public responsibility.
- There is no immunity to alcoholism conferred by background, position in life, profession or occupation, or sex. (See pp. 5 to 7.)

Alcoholism has been hidden and denied for so long that no one really knows how many people are suffering from it. Estimates of the number of alcoholics in the United States are among the most publicized--and challenged--statistics on alcoholism.

Therefore, in conducting its study, GAO relied on information provided by individuals in Federal agencies, State governments, and industry and by others who have studied the problem of alcoholism to arrive at estimates of the prevalence of alcoholism in the Federal Government, the costs incurred as a result thereof, and the cost savings that might result from an effective Government-wide alcoholism program.

GAO estimated the number of Federal civilian employees suffering from alcoholism (at various assumed rates of prevalence ranging from 4 to 8 percent of the work force) and the resulting employer costs to the Federal Government (based on a factor of about 25 percent of average annual salary) as follows:

<u>Estimated prevalence of alcoholism among Federal civilian employees</u>		<u>Estimated annual employer costs due to alcoholism (000,000 omitted)</u>
<u>Percent</u>	<u>Number of alcoholic employees</u>	
4	112,000	\$275
5	140,000	345
6	168,000	410
7	196,000	480
8	224,000	550

(See pp. 10 to 15.)

Authorities on alcoholism feel that about 54 of every 100 alcoholic employees would be likely to recover as a result of an employer's alcoholism program. Therefore the estimated annual employer costs being incurred by the Government among its civilian employees might be reduced by over 50 percent because of an alcoholism program. (See p. 16.)

Deducting the estimated cost to the Federal Government of such a program--\$15 million annually--the net cost savings would range from \$135 million to \$280 million annually. (See p. 19.)

An effective Government-wide alcoholism program, by helping reduce the number of alcoholics and problem drinkers in the total population, would also contribute to the economic and social benefits which the Federal Government and society as a whole would obtain from alcoholism programs in general. There would be reductions in--among other things--traffic accidents, crime, and the need for welfare and medical services attributable to the misuse of alcohol. (See p. 20.)

Finally, the program would attend to a part of one of the Nation's major health problems and, at the same time, would give a group of sick Federal employees a greater chance to recover and live decent lives.

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APPENDIX IV

POTENTIAL COSTS OF MILITARY ALCOHOLISM

The potential costs to the Federal Government of military alcoholism for each 1 percent of incidence are computed as follows:

Estimated total military personnel costs for fiscal year 1972 ^a	\$19,096,234,000
divided by	
Estimated average number of military personnel during fiscal year 1972 ^a	2,609,409
Gives average annual cost for each serviceman	\$ 7,300 (approx.)
Average annual cost for each military alcoholic (\$7,300 x 25%)	\$ 1,825
Potential annual cost for each 1 percent of incidence (2,609,409 x 1% x \$1,825)	\$ 47,621,550

^aThese estimates were obtained from "The Budget of the United States Government Fiscal Year 1972."

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